NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

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THE SITZ BATH.—A. Zimmorn has a paper in the *Presse Medicale* on the value of the sitz bath, which he highly recommends. He says the effect depends on the temperature at which it is given and the length of time it is continued. The tepid bath is an excellent general sedative. The cold may be used for the relief of constipation, neurasthenia, and incontinence of urine among other conditions, in chronic inflammation of the uterus and its appendages, and in insomnia. If it is prolonged, it is of use in chronic diarrhœa, leucorrhœa, and hæmorrhoids. The hot sitz bath is an emmenagogue and relieves painful menstruation. The water should reach the navel as the patient sits in the bath, and the body should be covered and the feet protected.

SERUM TREATMENT OF SMALLPOX.—Alfred C. Smith reports in the *Medical Record* the treatment of six cases of smallpox with antistreptoccic serum. He claims that it shortened the duration of the disease, the secondary fever was absent, no pus formed, so there was none to be absorbed, pitting was prevented, there was less suffering and weakness, less danger of the lungs and kidneys being involved, and more rapid convalescence.

SEA VOYAGES.—The *New York and Philadelphia Medical Journal* quoting from the *British Medical Journal* says: "Westcott states that as a tonic, a restorative, and a sedative for brain-fagged people a sea-voyage may do wonders. For consumptives in whom the lesion is slight or latent, a voyage to South Africa is often excellent, but not for those in whom the disease is active. Cases of nervous disease, angina pectoris, exophthalmic goitre, or chronic bronchitis should never be sent to sea. For sea-sickness he advises that the patient be brought under treatment several days before sailing, attending to the action of the bowels, remedying any dyspeptic conditions, and administering sedatives, such as ammonium bromide. Hypnotic suggestion is often of great value."

EARLY DIAGNOSIS OF TUBERCULOSIS.—James J. Walsh in a paper in the *Medical News* states that as tuberculosis in its early stages is easily curable, an early diagnosis is most important. In the late stages it is almost beyond medical control, so that its immediate recognition is imperative in the interest of the patient. He suggests as means to a positive diagnosis the observation of the following symptoms: Rapid pulse, a daily variation of temperature of over 1.5° F., persistent cough, loss of flesh, and localized areas in the lungs when prolonged, slightly roughened expiration can be detected. More definite symptoms can only be observed when the disease is in the well-advanced stages.

NORMAL LABOR.—A. M. Pond in an article in the *Medical News* gives some good advice to doctors which is equally useful for nurses: "1. Success in

obstetrics depends wholly upon your ability to secure and retain surgical cleanliness. 2. The same infective agents encountered in surgical practice are the causative agents in producing puerperal complications, and are only successfully combated by the employment of stringent aseptic and antiseptic technics. 3. Refrain from making numerous vaginal examinations, and when done, take great aseptic care. 4. Do not wait until you are called to the case to make the preparations for confinement. 5. The practice of carrying a confinement pad is dangerous. 6. Sunshine in itself is a valuable germicide; do not exclude it. 7. Unless the vaginal discharge is known to contain pyogenic bacteria the douche is contraindicated. 8. Exert the same surgical technics in dressing the umbilicus that would be demanded in any other fresh wound. 9. Be clean and be sure that you are clean; take no chances. By so doing you will reap a liberal temporal reward, besides having the serene satisfaction if knowing that you are serving humanity faithfully and well."

"CORSET CANCER."—The *New York and Philadelphia Medical Journal* in a synopsis of a paper in the *Lancet* says: "Lucas calls attention to a mode of onset of cancer of the breast which he calls 'corset cancer.' The site where this carcinoma attacks the skin and cellular tissue is over an upper and outer radiant from the nipple corresponding exactly to the point where the upper edge of a corset crosses the pectoralis muscle. It occurred on the right side in the three cases seen by the author, probably due to an undue use of the right arm, the friction of the corset at this spot being the cause of the cancerous process."

PREVENTION OF BLINDNESS AT BIRTH.—The Boston *Medical and Surgical Journal* says: "The Massachusetts Association for Promoting the Interests of the Adult Blind has published a leaflet on the prevention of blindness at birth, giving directions for treatment which may be carried out by the laity. The leaflet calls attention to the fact that inflammation of the eyes in new-born infants is a contagious disease which must be treated early and vigorously under a doctor's direction, and the statement is made that in England about thirty per cent. of pupils in the schools for the blind lost their sight through neglect or wrong treatment of the disease."

CHLOROFORM ANÆSTHESIA.—Emil King in reporting in *American Medicine* two cases of recovery after apparent death in chloroform anæsthesia draws the following conclusions: 1. Deep anæsthesia is always a condition of danger. Therefore every precaution must be taken to guard against danger. 2. When serious accident occurs we must have ready a well-matured plan of treatment which meets the indication in the best possible manner. 3. Death usually resulting from failure of the vital centres, the first indication is their stimulation. Artificial respiration, tongue traction, and heart compression should be first tried. The application of cold, ether being poured on the abdomen according to Hare, inversion, suspension and succussion, dilatation of the sphincter ani, and electricity are worthy of trial if the others fail. 4. Hypodermic injections during the stage of collapse are a waste of time. The arterial pressure being nil, there can be no effect from medication unless the injection be into the heart. They may do much good before cardiac arrest or after the contractions are resumed, and then the remedies of value are limited to a few. 5. Injections

of ether and alcohol in any form are apt to be harmful. Their effect in overdose is so similar to chloroform in their action on the vital centres that we only add to the danger by their use. 6. Mechanical efforts at resuscitation must not be so rough that internal organs are injured. That this is possible is proved by reported cases where the liver was torn, blood found in the pleura, and the tongue wounded. 7. Since we cannot know when the molecular changes separating true from seeming death take place, our efforts at resuscitation should continue for at least one hour.

A New Treatment for the Morphine Habit.—Dr. William S. Birge has an interesting paper on this subject in the Boston *Medical and Surgical Journal*. The treatment he advocates has been successfully used at a private institution in one of the Southern States and must, of course, be carried out under the supervision of a physician. A patient who was taking twenty grains of morphine and five grains of cocaine daily was cured in one week without suffering. A dose of ten grains of calomel is given at bedtime, followed in the morning by a full dose of epsom salts. If the bowels are not thoroughly moved, five grains of calomel are given the second night and the dose of salts repeated. A Turkish bath is given every second day during this preparatory treatment. The morphine is not discontinued until the active treatment begins, which lasts for seventy-two hours. The usual dose is taken until noon of that day, when it is discontinued permanently. At two o'clock five drops of a specially prepared solution of mandragorin are given hypodermically with one-eighth of a grain of pilocarpine. This dose is repeated every two hours. If discomfort is felt from lack of the morphine, the dose of mandragorin is increased to fifteen or twenty drops until comfort ensues. After the patient perspires freely only enough pilocarpine is given to keep the skin moist. Usually as long as the patient perspires he is perfectly comfortable. One-twentieth grain of strychnine and one-eighth grain of sparteine are added to the hypodermic during the second day if the heart shows any sign of weakness. Half a grain of codeine or one-fourth grain of morphine may be given if there is extreme restlessness. At the end of forty-eight hours the antidotal and eliminative effect of the remedies are usually complete and there is not a vestige of morphine left in the system. Light food should be given at regular intervals. After the active treatment is over hot and cold shower-baths are given, strychnia and sparteine are used for three or four days, and a nerve tonic and sedative for several weeks. The treatment should be carried out in a hospital or sanatorium.

Chronic Tonsillitis.—G. D. Murray in the *Laryngoscope* lays stress on the following points: The teeth should receive attention from infancy, also that the tongue when coated should be cleaned as carefully as the teeth. The mouth is a primary cause of tonsillitis and ought to receive simultaneous treatment with the throat. Offensive breath, from micro-organisms present in the mouth and throat, *can be eliminated* through the personal effort of the patient. Bad taste in the mouth, particularly before meals, suggests infection of the tonsils, decomposing epithelium débris on the tongue, gums, teeth, and oropharynx—one or all. This filth (in which Sternberg found forty-two different varieties of micro-organism) ought to be cleaned and sterilized several times daily by the patient. Diseased tonsils, not necessarily enlarged, and often hidden, no longer act as a barrier to disease, but rather as a germ incubator and ought to be removed.